

08-20-03

# 4/22/03  
8/28/03

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL FORM (37 C.F.R. § 1.114)**

DOCKET NO. 12186/1	APPLICATION SERIAL 10/003,198	EXAMINER Amy R. Cohen	ART UNIT 2859
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**INVENTOR(S):**

Jeffrey ERDFARB

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
AUG 21 2003  
TECHNOLOGY CENTER 2800

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/003,198, filed on October 31, 2001, entitled **MEASURING DEVICE**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ **Amendment:** **Consider the amendment filed under 37 C.F.R. § 1.116 previously filed on June 11, 2003.**
- ☐ Information Disclosure Statement
- ☐ Drawing Changes
- ☐ Other Submission:

09/27/2003 12:00 PM  
01 10:1601  
09/29/2003 12:00 PM  
02 10:1602

The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS ADDED BY AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						750.00
TOTAL CLAIMS	-0-		20	0	18.00	0.00
INDEPENDENT CLAIMS	-0-		03	0	84.00	0.00
MULTIPLE DEPENDENT CLAIM					280.00	

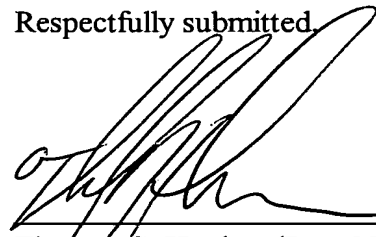
		Number extra must be zero or larger	TOTAL	750.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.		SMALL ENTITY TOTAL		0.00

2. Please charge the required RCE and submission filing fee of **\$750.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. Applicants respectfully request a two-month extension of time in which to respond to the Office Action mailed April 11, 2003, for which a response period expiring on July 11, 2003 was set. The extended period expires on September 11, 2003. The Commissioner is hereby authorized to charge payment of the 37 C.F.R. § 1.136(a) extension fee of **\$410.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. The Commissioner is hereby authorized to charge payment of fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
5. A duplicate copy of this transmittal form is enclosed.

Respectfully submitted,

Dated: August 14, 2003

By:

  
Thomas C. Hughes (Reg. No. 42,674)

**KENYON & KENYON**  
One Broadway  
New York, New York 10004  
(212) 425-7200 (telephone)  
(212) 425-5288 (facsimile)  
**CUSTOMER NO. 26646**

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10003198

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	750.00

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 11	Minus ** 20	= -
	Independent	* 2	Minus *** 3	= -
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **	=
	Independent	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **	=
	Independent	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.